2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

RECEIVED
JUL 2 5 2018

I. Name of Lobbyist(s) Adam Schm	iidt		NEW HAMPSHIRE
II. Name of lobbyist'	s partnership, firm	or corporation, if an	ıy:	DEPARTMENT OF STATE
Bianco Profess	ional Association	ı		
(Nar	me of partnership, firm	or corporation)		
18 Centr	re Street	Concord	NH	03301
Business Address: (St	reet)	(Town/City)	(State)	(Zip Code)
(603) 225-7170	(503) 226-0165	e-mail aschmidt	@biancopa.com
(Telephone)		(Fax)		
			ts for each client, OR you may	y file a separate report for
reportable expense t	ransactions which a	ire noi attributable t	o any one chent).	
☐ All reportable tran	sactions occurring i	n the months prior to t	he reporting date relative to the	following client:
	(Full Name of Clien	t as it appears on the Lol	bbyist Registration Form)	·
<u>OR</u>				
All reportable transunrelated to any partic		yist (including the lob	byist's family), or the lobbying	firm listed below which are
IV. Date of Report Reports cover: activ	April 25, 2018 [July 25, 2018 🔕 activity from 4/1/18 to 6/30/18	
reports cover. ucm	October 31, 2018	_	January 30, 2019 [
	activity from 7/1/18 to		activity from 10/1/18 to 12/31/	18
V. There have been If this box is checked, Concord, NH 03301.	n no fees received complete just this fo	and no reportable orm and submit it to th	transactions made since the Secretary of State's Office, St	ne last report. \square ate House, Room 204,
VI. Check if addition	nal reports are atta	ched:		
	-		ile Addendum A- Fees and Ex	penses
☐ If you have paid a Expense Reimbursem		mbursed expenses, yo	u must file Addendum B - Rep	ort of Honorariums or
		nade political contribu	utions, you must file Addendur	m C- Political Contributions
Sworn Statement/Af I have read RSA 15, I and complete to the	RSA 15-BARSA 14-0	C and RSA 664 and he	ereby swear or affirm that the fo	oregoing information is true
WIL	4/W		July 25, 2018	
(Signature of loopyis	() ¹		(Date	e)
Adam Schmidt				
(Print Name of lobby	rist)			

II. Name of lobbyist's part	nership, firm or corp	ooration, if any:	
	sional Association		
(Name of partn	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying			oter 664 paid on behalf of the
Full name of candidate:	Cavanaugh	Kevin	
1	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate i	is Seeking <u>Senate</u>
enter an estimated value and t	he word "estimate."		
		Jeff	
enter an estimated value and t	Woodburn	Jeff	
		Jeff (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin	Woodburn (Last Name) 100.00 Id contribution, provide a ribution on the line abov	(First Name)	(Middle Name/Initial) ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont	Woodburn (Last Name) 100.00 Id contribution, provide a ribution on the line abov	(First Name) a description of the good of for amount of contrib Bill	ds or services provided, and enter th ution. If the actual cost is not know
Full name of candidate: Amount of contribution \$ If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	Woodburn (Last Name) 100.00 ad contribution, provide a ribution on the line above the word "estimate."	(First Name) a description of the good e for amount of contrib	(Middle Name/Initial) ds or services provided, and enter the

If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for and	'
enter an estimated value and the word "estimate."	ount of contribution. If the actual cost is not known,
(If more than three contributions were made, report additional contribu	utions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby	swear or affirm that the foregoing information
is true and complete to the best of my knowledge and bel	
Att & Mh	July 25, 2018
(Signature of lobovist)	(Date)
Adam I Callerida	, ,
Adam J. Schmidt	
(Print Name of lobbyist)	

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	ssional Association		<u> </u>
(Name of partr	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contribut client/lobbyist and lobbying			iter 664 paid on behalf of the
Full name of candidate:	Friends of Regina		
		(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate i	s Seeking Senate
If the contribution is an in-kin actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov		is or services provided, and enter ution. If the actual cost is not kno
actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov he word "estimate."	e for amount of contribu	
actual cost of the in-kind cont enter an estimated value and t	ribution on the line abov he word "estimate." Hennessey	e for amount of contribu	ution. If the actual cost is not kno
actual cost of the in-kind cont	ribution on the line above the word "estimate." Hennessey (Last Name)	e for amount of contribu	
Full name of candidate: Amount of contribution \$ f the contribution is an in-kin	Hennessey (Last Name) 100.00 d contribution, provide a ribution on the line abov	Martha (First Name)	ution. If the actual cost is not kno

If the contribution is an in-kind contribution, provide a description of actual cost of the in-kind contribution on the line above for amount enter an estimated value and the word "estimate."	•
(If more than three contributions were made, report additional contributions	s on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swe is true and complete to the best of my knowledge and belief.	ar or affirm that the foregoing information
AWCULT	July 25, 2018
(Signature of labbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

I. Name of Lobbyist(s) Adar	n J. Schmidt		
II. Name of lobbyist's partn	iership, firm or cor	poration, if any:	
	• '	, ,	
	sional Association rship, firm or corporation)		<u> </u>
•			_
III. Name of Client			Date
Political Contributions			
	on that is reportable	pursuant to RSA Chapt	ter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the fo	llowing:	
Full name of candidate:	Kahn (Last Name)	Jay	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate is	Seeking Senate
			
Full name of candidate:	Avard	Kevin	
	(Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00		
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	I contribution, provide	a description of the good	ls or services provided, and enter th
		ve for amount of contribu	ation. If the actual cost is not know
		ve for amount of contribu	ition. If the actual cost is not know
	e word "estimate."	ve for amount of contribu	ation. If the actual cost is not know
Full name of candidate:	ward	ve for amount of contribu	(Middle Name/Initial)
Full name of candidate:	e word "estimate."	ve for amount of contribu	ution. If the actual cost is not know

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amountain the contribution of the line above for amountain the line above for a lin	
enter an estimated value and the word "estimate."	07 001 10 410 400 10 100 10 100 10 100 100 100 100 1
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(If more than three contributions were made, report additional contributions)	ons on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby s is true and complete to the best of my knowledge and belie	
AUTCUA	July 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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II. Name of lobbyist's part	nersnip, tirm or co	rporation, it any:	
Bianco Profes	sional Association	1	
(Name of partner	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions For each political contributions	on that is rangetable	nurcuant to DSA Chant	ter 664 paid on behalf of the
client/lobbyist and lobbying			ter out para on behan of the
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		*	
0.11	Innis	Daniel	
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/Initial)
	,		
Amount of contribution \$	100.00	Office Candidate is	s Seeking <u>Senate</u>
enter an estimated value and tr	ne word "estimate."		
enter an estimated value and the		ican Majority PAC	
Full name of candidate:		ican Majority PAC (First Name)	(Middle Name/Initial)
	Senate Republ		(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kine actual cost of the in-kind contr	Senate Republ (Last Name) 100.00 d contribution, provid ribution on the line ab	(First Name) e a description of the good	ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	Senate Republ (Last Name) 100.00 d contribution, provid ribution on the line ab	(First Name) e a description of the good	ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kine actual cost of the in-kind contr	Senate Republ (Last Name) 100.00 d contribution, provid ribution on the line ab	(First Name) e a description of the good	ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kine	Senate Republ (Last Name) 100.00 d contribution, provid ribution on the line ab the word "estimate."	(First Name) e a description of the good ove for amount of contribu	ds or services provided, and enter the actual cost is not known
Full name of candidate: Amount of contribution \$ If the contribution is an in-kine actual cost of the in-kind contrenter an estimated value and the	Senate Republ (Last Name) 100.00 d contribution, provid ribution on the line ab the word "estimate."	(First Name) e a description of the good ove for amount of contribution	ds or services provided, and enter the actual cost is not known

If the contribution is an in-kind contribution, provide a description actual cost of the in-kind contribution on the line above for amoun enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contribution	ns on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby sw is true and complete to the best of my knowledge and belief.	
Adi Calul	July 25, 2018
(Signature of Idobyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

ii. Name of lobbyist's parti	nership, firm or cor	poration, if any:	
Bianco Profes	sional Association		
	ership, firm or corporation)		
III. Name of Client			Date
Political Contributions			
	on that is reportable	pursuant to RSA Chap	oter 664 paid on behalf of the
client/lobbyist and lobbying	firm, indicate the fo	llowing:	·
-		<u> </u>	
Cull manner of any didness.	Friends of le	h Bradlev	
Full name of candidate:	Friends of Je (Last Name)	(First Name)	(Middle Name/Initial)
Amount of contribution \$	100.00	Office Candidate i	s Seeking Senate
		Office Candidate I	5 Seeking
	e word "estimate."		
Full name of candidate:	Friends of Laur	rie Sanborn	
Full name of candidate:	Friends of Laur (Last Name)	rie Sanborn (First Name)	(Middle Name/Initial)
	Friends of Laur (Last Name)	rie Sanborn (First Name)	(Middle Name/Initial)
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind	Friends of Laur (Last Name) 100.00 I contribution, provide ibution on the line abo	(First Name) a description of the good	(Middle Name/Initial) ds or services provided, and enter the ution. If the actual cost is not known
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	Friends of Laur (Last Name) 100.00 I contribution, provide ibution on the line abo	(First Name) a description of the good	ds or services provided, and enter the
Full name of candidate: Amount of contribution \$ If the contribution is an in-kind actual cost of the in-kind contr	Friends of Laur (Last Name) 100.00 I contribution, provide ibution on the line abo	(First Name) a description of the good	ds or services provided, and enter the

contribution is an in-kind contribution, provide a description cost of the in-kind contribution on the line above for amount estimated value and the word "estimate."	
e than three contributions were made, report additional contribut	ions on separate addendum C forms.)
Statement/Affirmation by Lobbyist	
read RSA 15, RSA 15-B and RSA 664 and hereby s and complete to the best of my knowledge and belie	
ature of lobbyist)	(Date)
ım J. Schmidt	
Name of lobbyist)	

	RSA Chapter 664 pai	id on behalf of the
portable pursuant to te the following: Morse for State S	RSA Chapter 664 pai	
oortable pursuant to te the following: Morse for State S	RSA Chapter 664 pai	
te the following: Morse for State S		id on behalf of the
Morse for State S	enate	
ne) (First N	 	
(11151)	lame) (Mide	dle Name/Initial)
Office	Candidate is Seeking_	Senate
ne) (First N	lame) (Mid	dle Name/Initial)
line above for amour	at of contribution. If the	es provided, and enter the e actual cost is not known
,	provide a description line above for amoun late." (First N	ne) (First Name) (Mid

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."	
(If more than three contributions were made, report additional contributions on separate addendum C forms.)	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.	
Jan Lul	July 25, 2018
(Signature of lobbyist)	(Date)
Adam J. Schmidt	
(Print Name of lobbyist)	

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